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**COMBINED DECLARATION AND POWER OF ATTORNEY**

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for a new, original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor (if plural inventors are named below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Method and Apparatus For Sensing A Seal On A Film

I declare:

I do not know and do not believe that this invention was ever known or used in the United States of America before my or our invention or discovery thereof, or patented or described in any printed publication in any country before my or our invention or discovery thereof, or more than one year prior to the effective date of this application;

THAT the invention was not in public use or on sale in the United States of America for more than one year prior to the effective date of this application;

THAT this invention has not been patented or made the subject of an inventor's certificate issued before the effective date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months before the effective date of this application;

THAT I have reviewed and understand the contents of the below identified specification, including the claim(s), as amended by any amendment referred to above.

**SPECIFICATION IDENTIFICATION**

The specification is attached hereto.

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

## POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

### APPOINTED PRACTITIONER(S)

George R. Corrigan

### REGISTRATION NUMBER(S)

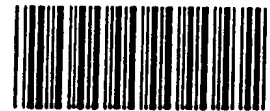
34803

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### SEND CORRESPONDENCE TO

George R. Corrigan  
5 BriarCliff Ct.  
Appleton, WI 54915

Customer Number 22222



### DIRECT TELEPHONE CALLS TO

George R. Corrigan  
920-954-1099

22222

PATENT TRADEMARK OFFICE

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Francis J. Binder

**Inventor's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Country of Citizenship** United States

**Residence:** 3344 W. Florida Ave.  
Appleton, WI54914

**Post Office Address** (Same as residence)

\_\_\_\_\_

Kenneth C. Radtke

**Inventor's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Country of Citizenship** United States

**Residence:** 518 S. Matthias St.  
Appleton, WI54915

**Post Office Address** (Same as residence)

\_\_\_\_\_

Gaylord G. Guilette

**Inventor's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Country of Citizenship** United States

**Residence:** 265 Truway Road  
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**Post Office Address** (Same as residence)

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